DOCUMENT RESUME

ED 378 459 CG 025 663

AUTHOR	Duker, Laurie, Ed.
TITLE	Youth Suicide and Guns. Firearm Facts.
INSTITUTION	National Center for Education in Maternal and Child Health, Arlington, VA.; Summit Medical Center, Oakland, CA.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.
PUB DATE	[94]
CONTRACT	MCU-117-007
NOTE	3p.; For related Firearm Facts sheets, see CG 025 656-664.
AVAILABLE FROM	National Maternal and Child Health Clearinghouse, 8201 Greensboro Drive, Suite 600, McLean, VA 22102.
PUB TYPE	Information Analyses (070)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Adolescents; Death; *Mortality Rate; Prevention; *Suicide; Young Adults
IDENTIFIERS	Firearms; Gun Control; *Guns; *Suicide Attempts; Suicide Ideation; Suicide Methods; Suicide Prevention

ABSTRACT

Whether or not a suicide attempt results in death depends in large part on the method chosen. If a teenager attempts suicide with a gun, his or her death is nearly guaranteed. This brief fact sheet presents data on firearms and suicide, the third leading cause of death for adolescents and young adults in the United States. Any number of societal or personal factors could be causing more American youths to attempt suicide, but the use of guns makes these attempts successful. Statistics are given for the lethality of different suicide methods, and a comparison of the youth firearm suicide rate in an American city and a Canadian city with strict gun control laws. Finally, the impact of drinking on suicides among teenagers with access to firearms is touched on. (RB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 378 459

Firearm Facts

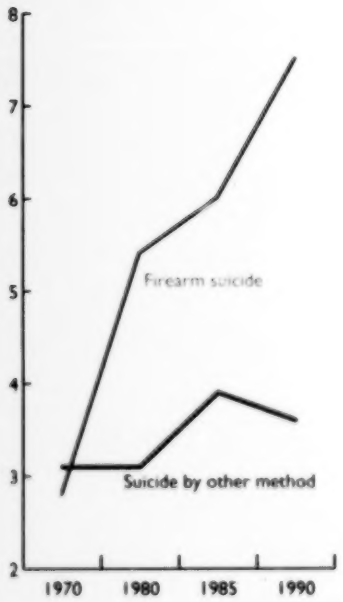
YOUTH SUICIDE AND GUNS

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



Suicide among 15–19 year olds, by method, 1970–1990 (*Fingerhut, unpublished data, NCHS*)

If a teenager attempts suicide with a gun, his or her death is nearly guaranteed. Many thousands of American teenagers consider killing themselves each year. Whether or not a suicide attempt results in death depends in large part on the method chosen. The great majority of suicide attempts with guns succeed.

Suicide is the third leading cause of death for adolescents and young adults in the United States, after car crashes and homicides.[1] In 1990, 3,165 youth ages 15–24 killed themselves with guns.[2]
According to one nationwide survey, one of every 11 girls ages 12–14 and one of every 25 boys ages 12–14 experience significant suicidal thoughts.[3]

From 1953 to 1978, the rate of suicide among young people tripled; this rise was due entirely to an increase in the firearm-caused suicide rate.[4]
Any number of societal or personal factors could be causing more youths to attempt suicide, but the use of guns makes these attempts successful. Restricting the availability of firearms could reduce the youth suicide rate.[5]

Guns are now used in approximately 60% of all teenage suicides.[2]

Very few teenagers who use a gun to attempt suicide survive and get help; most are taken directly to the morgue.
Although there is no national data on the lethality of different suicide methods, one county-based study found that 91% of suicide attempts with guns were successful. In comparison, 23% of suicide attempts with poisons were successful, and only 4% of suicide attempts with knives were successful.[6] Teenagers who attempt suicide would be more likely to survive if they did not use guns, even if the total number of suicide attempts stayed the same.

People who have guns in their home are at a much greater risk of suicide than people who do not keep guns in their home.[7,8]
People who do not have guns at home may be equally likely to attempt suicide as people who have guns. However, several studies document that members of gun-owning families are far more likely to attempt suicide with guns, and are therefore more likely to die.[7] Reducing the availability of firearms, the most deadly and most common method of teenage suicide, should reduce the number of teenage suicide deaths.

The youth firearm suicide rate in an American city with minimal restrictions on gun ownership is over 3 times higher than in a Canadian city with strict gun control laws.[5]
The handgun suicide rate is 10 times higher among 15–24 year olds in the American city.[5]

In one study, teenagers who used firearms to commit suicide were five times more likely to have been drinking than the teenagers who killed themselves using other methods.[9]
Drinking encourages the impulsive nature of teenagers and teenage suicide.

CG025663

BEST COPY AVAILABLE

REFERENCES

1. Fingerhut, L., National Center for Health Statistics. Personal communication, 1991 data.
2. Fingerhut, L.A. (1993). Firearm mortality among children, youth, and young adults 1–34 years of age, trends and current status: United States, 1985–90. *Advance Data from Vital and Health Statistics*, No. 231. Hyattsville, MD: National Center for Health Statistics.
3. Garrison, C., Jackson, K., Addy, C., Mckeown, R., and Waller, J. (1991). Suicidal behaviors in young adolescents. *American Journal of Epidemiology* 133(10): 1005–14.
4. Boyd, J. (1983). The increasing rate of suicide by firearms. *New England Journal of Medicine* 308: 872–874.
5. Sloan, J.H., Rivara, F.P., Reay, D.T., Ferris, J.A.J., Path, M.R.C., and Kellermann, A.L. (1990). Firearm regulations and rates of suicide: A comparison of two metropolitan areas. *New England Journal of Medicine* 322: 369–373.
6. Card, J.J. (1974). Lethality of suicidal methods and suicide risk: Two distinct concepts. *Omega Journal of Death and Dying* 5: 37–45. Information was collected from the coroner, police, various hospitals and social service agencies in Allegheny County, Pennsylvania, regarding 1,039 completed suicides in the years 1966–1970. Card also reviewed suicide cases in the years 1969-1970, for a total of 2,729 suicidal cases reviewed.
7. Kellermann, A.L., Rivara, F.P., Somes, G., Reay, D.T., Francisco, J., Banton, J.G., Prodzinski, J., Fligner, C., and Hackman, B.B. (1992). Suicide in the home in relation to gun ownership. *New England Journal of Medicine* 327: 467–472.
8. Brent, D.A., Perper, J.A., Allman, C.J., Moritz, G.M., Wartella, M.E., and Zelenak, J.P. (1991). The presence and accessibility of firearms in the homes of adolescent suicides. *Journal of the American Medical Association* 266: 2989–2995.
9. Brent, D.A., Perper, J.A., and Allman, C.J. (1987). Alcohol, firearms, and suicide among youth. *Journal of the American Medical Association* 257: 3369–3372.

Children's Safety Network

National Center for Education in Maternal and Child Health
MCHB
Maternal and Child Health Bureau

Edited by
Laurie Duker, M.P.P.M.
Children's Safety Network at the National Center for Education in Maternal and Child Health

Researched and written by
Youth Alive at the Summit Medical Center, Oakland, CA

Published by
National Center for Education in Maternal and Child Health
2000 15th Street North, Suite 701
Arlington, VA 22201-2617
(703) 524-7802 • fax (703) 524-9335

Additional copies available from
National Maternal and Child Health Clearinghouse
8201 Greensboro Drive, Suite 600
McLean, VA 22102
(703) 821-8955 • fax (703) 821-2098

This publication has been produced by NCEMCH under its cooperative agreement (MCU 117007) with the Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services.